

THIS SPACE FOR OFFICE USE ONLY HAWAII STATE ETHICS COMMISSION

HAWAII STATE ETHICS COMMISSION
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STATE OF HAMAG STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Okudara	Jon T.	•	488-3533
MAILING ADDRESS (Street)			FAX
99-1362 Palaialii Pl.	ing the second of the second o		
(City)	(State)	(Zip	Code)
Aiea	HI	96701	Andrew State (1997)
EMPLOYING ORGANIZATION (Fill in only if you	are employed by a business e	ntity which has been retained to lobby)	TELEPHONE
Okudara & Associates,	Inc.		534-1244
MAILING ADDRESS (Street)			FAX
333 Queen St, #902		er de en	534-1247
(City)	(State)	(Zip	Code)
Honolulu	HI	96813	

PART II ORGANIZATION NAME OF ORGANIZATION YOU LOBBY FO	R (Do not abbreviate)	TELEPHONE
DISTILLED SPIRITS COUNCIL OF	202-628-3544	
MAILING ADDRESS (Street) 1250 I STREET, NW, SUITE 400		FAX 202-682-8849
(City)	(State)	(Zip Code)
WASHINGTON	DC.	20005
NAME OF PERSON RESPONSIBLE FOR PREPA	RING ORGANIZATION'S EXPENDITURES STATEMEN	T TELEPHONE
MARK GORMAN		202-628-3544
MAILING ADDRESS (Street)		FAX
SAM AS ABOVE		

PART	III DESCRIPTION OF	SUBJECTS UPON WHICH Y	OU EXPECT TO LOBBY	
	Agriculture	Education	Human Services	Science, Technology & Economic Development
	Communications & Public Utilities	X Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
X	Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
	Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
	Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				
Thorapy to rany that the finantial and the best of my knowledge, correct and complete.				
	Jms, Cana	1/10/05		
L /	(Signature of Lobbyist)	(Date)		
PART V AUTHORIZATION				
NAME	TITLE	OF AUTHORIZING OFFICER OR PERSON REPRESENTE		
MARK GORMAN	SENIOR VICE P	RESIDENT, GOVERNMENT RELATIONS		
NAME OF ORGANIZATION (if appl	icable)	TELEPHONE		
DISTILLED SPIRITS COU	NCIL OF THE UNITED STATES	202-628-3544		
MAILING ADDRESS (Street)		FAX		
1250 I STREET, NW, SUITE 400		202-682-8849		
(City)	(State)	(Zip Code)		
WASHINGTON	DC	20005		
I hereby authorize the at	poye - named person to engage in lob	bbying activities on behalf of the undersigned.		
1 //1 17	<u></u>	. / /		
/ March 1 Jonnan //6/05				
(Signature of Aut	norizing Officer or Person Represented)	(Date)		